WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

Every item of information should be carefully supplied. AGE should be st CAUSE OF DEATH in plain terms, so that it may be properly classified. Important. See instructions on back of certificate.

AGE should be stated EXACTLY. PHYSICIANS should state roperly classified. Exact statement of OCCUPATION is very

RECORD

N. B.

1 PLACE OF DEATH

17398

119) X

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 67

...St.;.....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME Clementina Beulah

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	ex 4 COLOR OR RACE 5 SINGLE, MARRIED, MOUNTELL WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH OCA 17 , 1915 (Month) (Day (Year)
6 D	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
TAC	(Month) (Day (Year)	that I last saw h 22 alive on OCh 17 ,191.5.
· AC	65 yrs 2 mos 9 ds OR min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) par (b) busi	CCUPATION Trade, protession, or ticular kind of work General nature of industry, iness, or establishment in ch amployed (or amployer)	DW3 (Buration) Q yrs. Q mos. 15 ds.
9	RTHPLACE (State or country) Muryland	Gentributory Clubar Contributory Secondary (Duration) yrs mos ds.
of 11 BIRTHPLACE		(Signed) , M. D. (Address) , M. D. , M. D.
PAREN	13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Showard Deubah		ot death yrs. mos. ds. State 65 yrs, 2 mos. 9 ds Where was disease contracted, unknown If not at place of death? Former or Usual residence.
16 File	(Address) Preston	19 PLACE OF BURIAL OF REMOVAL St. Caul Cessety Oct 20, 1915 20 UNDERTAKER ADDRESS
-	If more blanks are needed, address State Registra	tran, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

been changed or given up on account of the pisease cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But In many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very Important, so that the relative healthfulwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not fication as Day laborer; Farm laborer, Laborer-Coal Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return: "Laborer," (b) Cotton mill; (a) Salesman, (b) "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: MENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Traemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: affection: need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) "Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 ds.; cause for



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

See instructions on back of certificate.

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RECORD

V. S. No. 1.

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

12 121			
age or City Beckleheer	(No	St:	Ward)

Ilf death occurred in

a hospital or institution give Its NAME Instead of street and number.]

FULL NAME	Trade
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WIOOWED, WIOOWED, WIOOWED, WIOWED, Wiote the word)	(Month) (Day (Year)
6 DATE OF BIRTH (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from
TAGE Steel Promise If LESS than 1 day,hrs. yrsmosds. QRmin.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in	2 Miles em alero
which employed (or employer) BIRTHPLACE (State or country)	Contributory Contributory Secondary
10 NAME OF FATHER Brades 11 BIRTHPLACE OF FATHER	(Signed) (Doration) yrs mos ds. (Signed) (Address) President D.
(State or country) 12 MAIDEN NAME OF MOTHER ALLER STATES	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Beel Celeur Filed O & 8, 1915 Chas B. Harrison	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL AND STATEMENT OF STATEME
REGISTRAR	Jus Brodes Hethlehem

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; cases, especially in industrial employments, it is necness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Giocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulstatement. material worked on may form part of the second (w): Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-Bronchopneumonia (secondary), 10 ds. Never report "Contributory." by carbolic acid-probably suicide. The nature of the "Heart failure," "Haemorrhage," "Inanition," "Maras-The contributory (Recommendations on statement of (secondary or intercurrent)



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN

V. S. No. 1.

1 PLACE OF DEATH

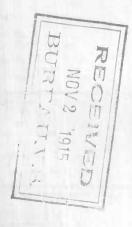
	1 PLACE OF DEATH	STATE OF MA	RYLAND
Count	Caroline 17400	CERTIFICATE C	F DEATH
		Registration Di	st. No
Villag	ge or City leav Desilou (No.	St.; Ward)	[If death occurrer a hospital or instituti
	2 FULL NAME Lowers Com	Cooper	give its NAME inst of street and number
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	F DEATH
3 SE	x 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED, MARRIED, MIDOWED OR DIVORCED	16 DATE OF DEATH (Month)	(Day) , 19
6 DA	TE OF BIRTH		tended deceased
	Month) (Day) , 184	that I last saw h 4 alive on Ou	14/
7 AG	E It LESS than 1 day,hrs.	and that death obtained on the date of	ated above, at/
8	yrs mos 29 ds. OR min.?	The CAUSE OF DEATH * was as follows:	15 Duns
/ (a)	CCUPATION) Trade, profession, or Ticular kind of work The case with		
(b)) General nature of industry siness, or establishment in		yrs. mos.
-	ich employed (or employer) IRTHPLACE (State or country)	Contributory Secondary	,
-	10 NAME OF Mary Land	(Buration)	Yrs mos.
40	FATHER Steven Bailes	(Signed)	a mel
PARENTS	11 BIRTHPLACE OF FATHER (State or country) Maryland	"State the Disease Causing Death, or Causes, state (1) Means of Injury; and	, in deaths from VIOLE (2) whether Accidents
PAR	12 MAIDEN NAME OF MOTHER OAT Shire Milans	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS,	INSTITUTIONS, TRANS
	13 BIRTHPLACE OF MOTHER (State or country) Mary Land.		,yrs mos
14 TH	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?	
	(Informant) Dora Bailey	Former or usual residence	••••
	(Address) Denton Ing	19 TUACE OF BURIAL OR REMOVAL	DATE OF BURIAL
15	and a second	Spring Trow Court	ADDRESS
1.916	REGISTRAR	Illianil Tree	Doubless

[Approved by U. S. Census and American Public Health Association.]

write Nanc. business, that fact may be indicated thus: Former (relired state occupation at beginning of illness. If retired from or given up on account of the disease causing death, Hausemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Honsethe duties of the household only (not paid Housekeepers "Epreman," "Manager," "Dealer," etc., without more precise specification as Day loborer, Furn laborer, Laborer mobile factory. The material worked on may form part mill; (a) Salesman, (b) Gracery: (a) Foreman, is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Coal mine, etc. Statement of Occupation-Precise statement of occupathe second statement. Campositor, Architect, Locamative engineer, Civil For persons who have no occupation whatever, Women at home, who are engaged in Never return "Laborer," (b) Anto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrespinal meningitis"); Diphtheria (avoid use of "Croup"); Typhaid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchapneumania ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee suicide. The nature of the injury, as fracture of skull SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Puenperal peritonitis," etc. State cause for which mis," "Old Age," "Shock," "Uracinia," "Weakness," head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revalver wound of to determine definitely. Examples: Accidental drawning; etc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Broncough; Chronic valvulor heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; ges, peritonaeum, etc., Corcinomo, Sorcoma, etc., of..... birth or miscarriage as "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The contributory (secondary or intercur-"Puenperal septicharmia," "Dropsy," Never report mere "Exhaustion," Whaoping



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. If death occurred inWard) a hospital or institution, give its NAME instead of street and number.] ² FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX SINGLE, 4 COLOR OR RACE MARRIED, 1915 WIDDWED (Month) (Day) (Year) OR DIVORCED I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH 191..... to alive on (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day, hrs. The CAUSE OF DEATH * was as follows: min.? ... mos ... OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry business, or establishment in (Duration) which employed (or employer 9 BIRTHPLACE Contributory Secondary (State or country) (Duration) 10 NAME OF FATHER 11 BIRTHPLACE (Address) ARENT (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At niece to the OF MOTHER (State or country of deathуте. Where was disease contracted, If not at place of death? Former or ueual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Bealth Association.]

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Statement of Cause of Death—Name, first, the disease causing deausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia"); unqualified, is indefinite); Tuberculosis of lungs, menin-

NOV181915 DURDACI,V.S.

"Tumor" for malignant neoplasms); Measles; Whooping The contributory (secondary or intercur-cough; Chronic valvular heart disease; Chronic interstitial rent) affection need not be stated unless important. chopmeumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronsymptoms or terminal conditions, such as "Asthenia," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasetc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or misearriage as "PUERPERAL septichacquia," State cause for which surgical operation was undertaken. For violent dearns SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, to determine definitely. Examples: Accidental drouming; head-homicide; Poisoned by carbolic acid-probably and consequences (e. g., sepsis, tctanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) suicide. The nature of the injury, as fracture of skull, mus," "Old Age," "Shock," "Uraemia," "Weakness, Struck by railway train-accident; Revolver wound "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" ("PUERPERAL perilonitis," etc. nephrilis, etc.

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	m of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should sta DF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is ve t. See instructions on back of certificate.
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1 PLACE OF DEATH

. . CERTIFICATE OF DEATH Registration Dist, No. Co.s. lif death occurred in Ward) a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH MARRIED. WIDOWED. (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day TAGE If LESS than and that death occurred on the date stated above, at..... 1 dayhrs. The CAUSE OF DEATH * was as follows: OR min. ? e so farmer BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment to (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE (Address). OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place to the OF MOTHER (State or country) of death _____ yrs, ____ mos. ___ ds. State yrs. ____ mos. Where was disease contracted. If not at place of death?----Former or osual residence Every Iter CAUSE O Important DATE OF BURIAL (Address). 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucksis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accichildbirth or miscarriage as "Puerperal scptichac-The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) Never report



ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very

be properly classifled.

should be

AGE

carefully supplied. may

should be

Item of information

m

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PO Every Item CAUSE OF Important.

See Instructions on back of certificate.

RECORD

PERMANENT stated EXACTLY.

4

WRITE PLAINLY, WITH UNFADING INK-THIS IS

1 PLACE OF DEATH

17403

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

************	St.;	 W	ard)

[If death occurred la a hospital or Institution,

2FULL NAME	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVERCED ORDIVERCED (Write the word)	16 DATE OF DEATH Oct (6, 1915 (Year)
6 DATE OF BIRTH Of 4 16 911	17 Oct 16 191 to 1 sttended deceased from 191 to 191,
(Month) (Day (Year)	that I last saw hele alive on Oct (6, 191
TAGE Stile Borne I day,hrs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
BOCCUPATION	Suffication withters
(a) Trade, profession, or particular kind of work. (b) General nature of Industry,	
business, or establishment in which employed (or employer)	(Duration), yrs mos ds.
State or country)	Gontributory Secondary
10 NAME OF Ino Gelring	(Signed) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country)	*State the DISPASE CAUSING DRATH OF In deaths from Vicense
OF MOTHER TO THE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds
14 THE ABOVE IS THE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs, mos, ds Where was disease contracted, If not at place of death?
(Informant) Sehring	Former or usual residence
(Address) Tederalsberry RL	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed A 17, 1915 Chas B. Agresson	20 UNDERTAKER ADDRESS
REGISTRAR	mo Jehring Jederalahus

If more blanks are needed, address State Registrar & E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Mcasles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaceause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senilc," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Assepsis, tetanus) may be stated under the head of "Contributory:" (Recommendations on statement of LENT DEATHS state MEANS OF INJURY and qualify as ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent)



1 PLACE OF DEATH	STATE OF MARYLAND
County Caroline 17404	CERTIFICATE OF DEATH
\sim	Registration Dist. No.
Village or City hear Lagrison (No.	Word) [If death occurred in
	a hespital or institution, give its NAME instead of street and number.
2 FULL NAME CAUSTIANNA	Olune, or street and nominer.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jerrale, brite Single, Married Served	16 OATE OF OEATH (Month) (Day) , 1915
GOATE OF BIRTH	HEREBY CERTIFY, That I attended deceased from
7 AGE (Mons) (Day) (Year)	that I last saw h An alive on
1 day, hrs.	and that death occurred on the date stated above, at
113,	
(a) Trade, profession, or particular kind of work	O areu ona o was.
(b) General nature of Industry business, or establishment in which employed (or employer)	(Durstion) yrs. mos. ds.
9 BIRTHPLACE (State or country) Services,	Contributory Secondary
10 NAME OF FIRED DEED TESTERMON.	(Signed) (Oursilon) yrs mos ds.
U 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DINEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSER, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAR
of Mother Ama- Unicon	SUICIDAL OF HOMICIDAL: SUICIDAL OF HOMICIDAL: 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS): At placs In the of death yrs. mes. do. Stata, yrs. mos. ds.
(Interment)	Where was dissess contrasted, If not at place of death? Former or usual residence
(Address) Dederalsburg, And, R. J. W. H	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL UCT. ZH. 191.51
Filed Oct 21/, 1915 P. F. Dofferson	20 UNDERTAKERS ADDRESS ADDRESS
If more blanks are needed, address State Registrar,	

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers only when needed. As examples: (a) Spinner, (b) Cotton write None. Housemaid, precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age ness of various pursuits can be known. tion is very important, so that the relative healthful-For many occupations a single word or term on the -Cod mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," Compositor, Architect, For persons who have no occupation whatever, etc. If the occupation has been changed The material werked on may form part Locomotive engineer, But in many eases, If retired from without more The question (b) Auto-

Statement of Canse of Death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Rronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

and consequences (e. g., sepsis, telanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, mus," "Old Age," "Shock," "Uracmia," "Weakness, on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic acid-probably Struck by surgical operation was undertaken. For violent deaths "Puerperal perilonilis," etc. birth or miscarriage as "Puerperal septichaemia," eause. Always qualify all diseases resulting from ehildetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatie), symptoms or terminal conditions, such as "Asthenia," chopneumonia (seeondary), 10 ds. rent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping to determine definitely. "Heart failure," "Haemorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bron-"Coma," "Convulsions," "Debility" ("Con-The nature of the injury, as fracture of skull railway The contributory (secondary or intercurtrain-accident; Revolver Examples: Accidental drowning; State cause for which "Atrophy," "Col-Never report mere "Exhaustion," nound

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOV 6 1915

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS A

PLAGE	OF DEATH	419405	SIAIL OF MAR	YLAND
		17405	CERTIFICATE OF	DEATH
County County	allel	(c	Registration Dist	No. 64
Village or City	Prestau Transfern	(No.	St: Ward)	[If death occorred in a hospital or institution, give its NAME instead of street and number.]
PERSONA	L AND STATISTICAL I	PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
3 SEX	7/4 WIE	GLE, RRIED, DOWED, DIVORCED Prite the word)	16 DATE OF DEATH (Month)	(Day (Year)
6 DATE OF BIRTH		The word,	17 I HEREBY CERTIFY, That I	attended deceased from
	Oct (Month)	(Day (Year)	that I last saw h alive on	, 191
BOCCUPATION	Jew Bo	If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated of the CAUSE OF DEATH* was as follows:	above, at
 (a) Trade, protession, or particular kind of work. (b) General nature of in 		ary	2 4 3 2000	u Ziling
business, or establishin			(Durafion)	yrsmosds.
9 BIRTHPLACE (State or countr	ey)	••••••••	Contributory Head Cue	
10 NAME OF FATHER	nat K	nown	(Signed) (Doration)	yrs mos ds.
Y I BIRTHPLAC OF FATHEI (State or c	R Z	'Curan /	*State the Disease Causing Death, or,	
T 12 MAIDEN NA OF MOTHE	R aunie	Kenning	*State the DISEASE CAUSING DEATH, or, CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, OR HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, I OR RECENT RESIDENTS)	
13 BIRTHPLAC OF MOTHER (State or c	e quentry) ML	7	of death yrs mos ds. Stafe	yrs, ds
14 THE ABOVE IS T	RUE TO THE BEST OF	MY KNOWLEDGE	Where was disease contracted, If not at place of death?	000000000000000000000000000000000000000
(tntormant)	wie Ha	or Kury	Former or usual residence	***************************************
(Address)	Greslan	e ML	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Filed Oct 10	.1915 - 19 /4 Jeg	Gerson	20 UNDERTAKER acting	ADDRESS
	V	REGISTRAR	Varantacep!	neslaus



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Nevcr return "Laborer," (b) Cotton mill; (a) Salcsman, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold disease.); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. The nature of the such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For vrochildbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasdent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably The contributory Always qualify all diseases resulting from Mcasics (disease causing death), 29 ds.; (secondary or intercurrent) State cause for



Village or City Tederalsburg, (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospifal or institution, give its NAME instead of streef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Stemale White Widowed more of more	16 DATE OF DEATH (Month) (Day) (Year)
TAGE O DATE OF BIRTH (Month) (Day) (Tear) (Tear) (Aday) (Aday) (Aday) (Aday) (Aday) (Aday) (Aday) (Aday) (Aday)	that I last saw here alive on the date stated above, at 2.30 m. The CAUSE OF DEATH: was as follows:
9 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)	(Duration) yrs. 7 mos. ds.
(State or country) 10 NAME OF FATHER DANNEL J. HERMON, 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	(Signed) (Signed) (Signed) (Signed) (Address) (Add
of Mother and Wickerson, 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) At place la ths ol deeth yrs. mes. ds. State, yrs. mes. ds. Where was disease contracted,
(Informant) Samuel d' Hickman, (Address) Federals Para Und,	I not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Lederals Furg, Md, Let, 2H, 191.5.
Filed CCL 24, 1913719 The fell South REGISTRAR If more blanks are needed, address State Registrar, 16	W Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers mobile factory. Housemaid, etc. precise specification as Day loborer, Farm loborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question business or industry, and therefore an additional line especially in industrial employments, it is necessary to For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, The material worked on may form part If the occupation has been changed Women at home, who are engaged in Locomotive engineer, But in many cases, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

Example: Measles (disease causing death), 29 ds.; Bronon Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by corbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or misearriage as "PUERPERAL septichaemia, etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracinia," "Weakness, "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (seeondary), 10 ds. rent) affection need not be stated unless important. and consequences (c. g., sepsis, telanus) may be stated to determine definitely. "PUERPERAL peritonitis," etc. eausc. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," symptoms or terminal conditions, such as "Asthenia, nephratis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping by railway Always qualify all diseases resulting from child-The contributory (secondary or intercurtrain-accident; Revolver Examples: Accidental drowning; State cause for which Never report mere "Exhaustion," mound



BINDING FOR RESERVED MARGIN

tated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMANENT stated EXACTLY. may be properly classified. 4 should be WRITE PLAINLY, WITH UNFADING INK-THIS IS AGE carefully supplied. DEATH in plain terms, so that it ma should be of information Every Item CAUSE OF Important. m

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No

[If death occurred in

²FULL NAME	Reg gases A hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Tentherm 4 Color or Race 5 Single, Married, Widowed, Ordivorced (Write the word)	(Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Cot 18, 915 (Month) (Day (Year)	that I last saw h
7 AGE Otile Bornel If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF OF MOTHER OF MOTHER	Contributory Secondary (Ogration) yrs mos ds. (Signed) , M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE ST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs ds. State yrs ds Where was disease contracted, if not at place of death?
(Informant) Preslaw (Address) A (19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL TO LETTERS WAS 1915
Filed J 18, 19115 ESEAS B. Harrisa	20 UNDERTAKER ADDRESS

V. S. No. 1.

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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the nisease Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. State cause for ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing death), 29 ds.; cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asdent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent)



1 PLACE OF DEATH

nt o	County Carreine 17408	CERTIFICATE OF DEATH
ateme	4	Registration Dist. No. 64
ct st	Village or City Dederals Live, (No.	St.; Ward) [If death occurred in a hospitat or institution,
Ex	2 FULL NAME Seonard	give its NAME instead of street and number.]
Ped	PERSONAL AND STATISTICAL PARTICULARS	
y class	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO, Willower OR OIVORCEO OR OIVORCEO (Write the word)	Wed (Month) (Day) , 1915
ertificat	6 OATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from 1915, to Out 1915, 1915, to Out 3, 1915, 1915,
of c	, TAGE	ESS than and that death occurred on the date stated above, at 1.2
ack		/,hrsmin.? The CAUSE OF DEATH * was as follows:.
that s on b	a) Trade, profession, or Saborer Retri	ad) arterio Sclerosis
uction	(b) General nature of industry business, or establishment in which employed (or employer)	Several year Souration) yra moa ds.
ee inst	9 BIRTHPLACE (State or country)	Contributory Secondary
in pl	10 NAME OF Elen lavie	(Signed) 9 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
EATH	U 11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
in D	T 12 MAIDEN NAME Chiralett and W	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
USE O	13 BIRTHPLACE OF MOTHER (State or country)	At place in the of deathyrsmesda. Stata,yrsmosds.
PATION	(Informant) Lester Common	Where was disease contracted, If not at place of death? Former or usual residence
COC	(Address) Flederalstung, I	19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL
4 O	Filed Oct 9, 1915 B Defferson	20 UNDERTAKER ADDRESS
	If more blanks are needed, address State I	Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

und,



[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers write None. business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part (b) Auto-

Statement of Canse of Death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tubercubsis of lungs, menin-

under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, state means of injury and qualify as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: cause. Always qualify all diseases resulting from childgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Heemorrhage," "Inanition," "Marason Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, letanus) may be stated head-homicide; Poisoned by carbolic acid-probably surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "PUERPERAL septichuemia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Annemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Astlıcnia," chojmeumonia (secondary), 10 ds. Never report mere rent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of Example: Measles (disease causing death), 29 ds.; Bronrailway train-accident; Revolver wound The contributory (secondary or intercur-State cause



Cour	nty Exolice 17409	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 66
Villa	age or City Redgely (No. , 2 FULL NAME Coursel 86, 0	St.; Ward) [If death occurred I a hospital or institution give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED, OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Yes 17 I HEREBY CERTIFY, That I attended deceased fr (191) (191) (191)
7 AG	(Month) (Day) (Year) (Xear) (Xear)	that I last saw here alive on
bu bu	b) General nature of Industry usiness, or establishment in hich employed (or employer)	(Duration) yrs. mos.
9 8	State or country Bedford, Co. Pa.	Contributory Secondary GHI Cavol, O'Marallan
RENTS	10 NAME OF FATHER Saac Uncler 11 BIRTHPLACE OF FATHER (State or country) Bedford, Pa. 12 MAIDEN NAME	
PARENTS	10 NAME OF FATHER Saac Incles 11 BIRTHPLACE OF FATHER (State or country) Bedford, Pa.	Secondary Gill Cycology (Signed) (Signed) (Address) (Address)

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. employed, as At school or At hame. Care should be wife, Housework, or At Home, and children, not gainfully write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Hausemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Screant, Cook taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housethe duties of the household only (not paid Hausckeepers precise specification as Day laborer, Farm labarer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return mobile factory. mill; (a) Salesmon, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Former or Planter, Physibusiness or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Coal mine, etc. For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death in the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumania ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated on Nomenclature of the American Medical Association.) suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning. SUICIDAL, OF HOMICIDAL, or as prabably such, if impossible state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which birth or misearriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (mercly symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," Example: Meosles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. caugh; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of. Always qualify all diseases resulting from child-The contributory (secondary or intercurby carbalic acid-probably "Puenperal septichaemia," "Dropsy," "Exhaustion,"





[Approved by U. S. Census and American Public Health Association.]

busingss, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Jactory. The material worked on may form part write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," For persons who have no occupation whatever If retired from without more

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

"Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uracmia," "Weakness," on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, klonus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths birth or misearriage as "PUERPERAL septichaemio," etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important cough; Chronic valvular heart disease; Chronic interstitiol ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of to determine definitely. "PUERPERAL perilonitis," etc. cause. Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. The contributory (secondary or intercur-"Tumor" for malignant neoplasms); Measles; Whooping Always qualify all diseases resulting from childrailway train-accident; Revolver wound Examples: Accidental drowning; State cause for which Never report mere ACCIDENTAL,



PHYSICIANS should state DEATH In plain terms, so that it may be properly classified. Exact atatement of OCCUPATION is very RECORD PERMANENT stated EXACTLY. 4 AGE should be WRITE PLAINLY, WITH UNFADING INK-THIS IS carefully supplied. N. B.—Every item of information should be careium and CAUSE OF DEATH in plain terms, so that it mainportant. See instructions on back of certificate. 1 PLACE OF DEATH STATE OF MADVI AND

4 100 4 4	OPPENDICION OF PRINCIPAL
County Coralium 1741	CERTIFICATE OF DEATH
	Registration Dist. No. 63
Village or City Meslac (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH (Month) (Day (Year)
DATE OF BIRTH (Month) (Day	HEREBY CERTIFY, That I attended deceased from 1915 to 1915 to 1915 that I last saw here alive on 1915 1915
1 day	and that death occurred on the date stated above, at 74 m. The CAUSE OF DEATH* was as follows:
a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment to which employed (or employer)	(Ouration) yrs mos ds
State or country) Delonore	Contributory Alexander (Ouration) yrs mos ds.
OFFATHER Helbers IV June 11 BIRTHPLACE OFFATHER (State or country) Delange 12 MAIDEN NAME 7	(Signed)
of Mother Rellie a Thruster of Mother (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted,
(Informant) Mu Ju Theyst (Address) Chaplaine	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Oct 19, 1945 Ches B. Francis	Seston M. E. Church on Stat 19, 191 5 20 UNDERTAKER OF STATE OF THE

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; cated thus: Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease of persons engaged in domestic service for wages, as (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (6)

Statement of cause of death—Name, first, the nisease causing dearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertalned as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencialpjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICINAL, OF HOMICINAL, OF as probably ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," "Exhaustion," Never report



1 PLACE OF DEATH

A 7	Registration Dist. No
² FULL NAME Widiam Op	ui sireei anu numuer.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Dicy le WIDDWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Dat) (Year) 17 HEREBY CERTIFY, That I attended deceased from
Oct (Year) 7 AGE Oct (Year) 1 4/5 (Year) 1 day,hrs.	that I last saw h alive on
yrsds. OR min.? **B OCCUPATION** (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer).	premise has dies from premise (Ouration) yrs. mos.
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	(Signed) (Ourslion) yrs mos. (Signed)
of MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	O B LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place that the of death yrs. mos. ds. State, yrs. mos. Where was disease contracted, if not at place of death? Former or usual residence
(Address) Seulau Tuil Filed Get 18, 1915 DDY surge min Registrar /If more blanks are needed, address State Registrar,	JO PLACE OF BURIAL OR REMOVAL DATE OF BURIAL STATES GROWN COLT 18, 191 S 29 UNDERTAKES ADDRESS ADDRESS AUTOMOTIVE AUTOMO

STATE OF MARYLAND



[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Hauseprécise specification as Day laborer, Farm laborer, Labarer mill; (a) Salesman, (b) Grocery; (a) Fareman, only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, Hausemaid, etc. the duties of the household only (not paid Housekeepers "Pereman," "Manager." "Dealer," etc., without more of the second statement. mobile factory. The material worked on may form part business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the cian, Campositor, Architect, first line will be sufficient, c. g., Farmer or Plonter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective ness of various pursuits can be known. The question Coal mine, etc. Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-For persons who have no occupation whatever, If the occupation has been changed Women at home, who are engaged in Never return Locamolive engineer, If retired from "Laborer," (b) Autoof age. Civil

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrespinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumania, Branchopmeumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (c. g., sepsis, tetonus) may be stated head-homicide; Poisoned Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths birth or miscarriage as "Puenpenal septichaemia," "Puenpenal peritonitis," etc. State cause for which mus," suicide. The nature of the injury, as fracture of skull to determine definitely. Examples: Accidental drowning. state MEANS OF INJURY and qualify as ACCIDENTAL, etc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopmeumonia (secondary), 10 ds. Example: Meastes (disease exusing death), 29 ds.; Broncough; Chronic vulvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinamo, Sorcomo, etc., of..... cause. Always qualify all diseases resulting from child-"Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), rent) affection need not be stated unless important. nephrilis, etc. "Tumor" for malignant neoplasms); Measles; Wheaping (name origin; "Cancer" is less definite; avoid use of "Old Age," "Shock," "Uracmia," "Weakness, The contributory (secondary or interemby carbolic acid-probably "Dropsy," Never report mere (Recommendations "Exhaustion,"



V. S. No. 1.

N. B.

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS item of information should be OF CAUSE OF Important.

PLACE OF DEATH

County lear alune

Village or City Cresta

17413

STATE OF MARYLAND CERTIFICATE OF DEATH

			/ 7
Registration			103
Registration	Dist	No	00
Trabiani animi			\$

St.; Ward)

[If death occurred in a hospital or institution, give its NAME Instead

²FULL NAME	of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH	
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIDOWED, WIDOWCCE (Write the word) 6 DATE OF BIRTH	(Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from	
(Month) (Day (Year)	that I last saw halive on	
e occupation (a) Trade, protession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	The CAUSE OF DEATH* was as follows: The CAUSE O	
10 NAME OF Jackers 6 W. Lord	Contributory Secondary (Duration) yrs mos ds. (Signed) , M. D. *State the Disease Causing Death, or, in deaths from Violent	
12 MAIDEN NAME OF MOTHER MANAGE JOHNSON JOHNSO	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) At place In the ot death yrs mos ds.	
(Informant) (Address)	Where was disease contracted, If not at place of death? Former or USUAL TESTIGENES 19 PLACE OF BURIAL OR REMOVAL ADDRESS 20 UNDERTAKER ADDRESS	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. the nature of the business or industry, and therefore an tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphal fever (the only definite synonym is "Epidemic cerebrosphal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereuctes of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcastcs (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report injury, as fracture of skull, and consequences (c. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) "Contributory." The contributory (Recommendations on statement of (secondary or intercurrent)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOV 4 1915

0,0	1 PLACE OF DEATH	STATE OF MARYLAND
AT	a Carolina 17111	CERTIFICATE OF DEATH
SICIA	County 11414/	
HYSICIAN statement	D: O	Registration Dist. No. 66
PHY t sta	Village or City (No. (No.	St.; Ward) [It death occurred in
act		a hospital or institution,
ΞÄ	2 FULL NAME Chrie Lus	lswee of street and number.]
AC.	- FOLL NAME	
ited EXAC	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
9 8	SEX 4 COLOR OR RACE 5 SINGLE,	18 DATE OF DEATH
stated ly claste.	femule White ORDIVORCED (Write the word)	(Month) (Day) (Year)
hould be sta be properly certificate.	#	17 HEREBY CERTIFY, That I attended deceased from
rop	B DATE OF BIRTH	191 S, to 0 2 2 9 - , 194
should be pro	(Month) (Day) , 1839	that I last saw her alive on orch 16 - 1915
short sy be of ce	7 AGE If LESS than	and that death occurred on the date stated above, at Jum.
AGE s it may back of	77. 1 day,hrs.	
AGE it ma back	yrs. 6 mos. 6 ds. OR min.?	The CAUSE F DEATH # was as follows:
	S OCCUPATION (a) Trade, profession, or	Design to
pplied. so that ons on	particular kind of work	
	(b) General nature of Industry business, or establishment in	8
fully su terms, structi	which employed (or employer)	(Duration), yrs. mos. ds.
refully n term instru	9 BIRTHPLACE (State or country)	Secondary Secondary
0 0 0	Dallinon	(Oursilos) ars. 1 — mos 7 de
n pl	10 NAME OF FATHER	8/ 1/ 1/201
	Henry Mesembaciel	(Signed) , M. O.
ion should F DEATH important.	In BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	. 191.). (Address)
n sh DEA	(State or country)	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal of Homicioal.
SEOF D	OF MOTHER JOHA KIALLA	
	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
for US S v	OF MOTHER (State or country)	At place In the of deethyrsmosds. State,yrsmosds.
E K	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
0 0	of Al To Marie	If not at place of death?
sta SAT	(Informant)	ususi residence
250	(Address) Bragalin Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Every item of should state COCCUPATION	15 0 ()	Welget (000 31 31, 101/5
m % O	Filed Det 30 1915 ADD avis	20 UNDERTABER ADDRESS
0	REGISTRAR	Hellet Holand bresch me
Z	If more blanks are needed, address State Registrar, I	16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

state occupation at beginning of illness. business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, write Nonc. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully Housemaid, etc. who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers Coal mine, etc. Women at home, who are engaged in "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-For persons who have no occupation whatever, If the occupation has been changed Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." suicide. The nature of the injury, as fracture of skull, head-homicide; Struck by railway train-occident; Revolver wound of to determine definitely. Examples: Accidental drowning: SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. State cause for which birth or misearriage as "Puenpenal septichaemia," ete., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uracmia," "Weakness genital," "Senile," etc.), "Dropsy," "Exhaustion, "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Broncough; Chronic valvular heart disease; Chronic interstitial rent) affection need not be stated unless important. nephritis, etc. "Tumor", for malignant neoplasms); Measlus; Whooping (name origin; "Caneer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... Always qualify all diseases resulting from child-The contributory (secondary or intercur-Poisoned by carbolic acid-probably Never report mere (Recommendations



1 PLACE OF DEATH STATE OF MARYLAND PHYSICIANS t statement of CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital er institution. EXACTLY. give the HAME Instead of street and number. RECORD classifie PERSONAL AND STATISTICAL PARTICULARS 3 SEX SINGLE 18 DATE OF DEATH COLOR OR RACE stated MARRIED. PERMANENT WIDOWED OR DIVORCED (Month) (Day) (Year) properly ite the word) certificate extended deceased from 6 DATE OF BIRTH should pe (Month) (Day) (Year) V 7 AGE It LESS than 10 may AGE 1 day, hrs. ack THIS min. ? that a) Trade, profession, or 20 supplied instructions particular kind of wark UNFADING INK SO b) General nature of industry terms, business, er establishment in refully which employed (or employer) 9 BIRTHPLACE (State or country) Contributor Secondary plain See in Ca 10 NAME OF 0 Ď Ę FATHER tion should IF DEATH in important S 11 BIRTHPLACE RENT OF FATHER State the DISPASE CAUSING DEATH, or, in deaths from VIOLENT (State or country) PLAINLY, CAUSES, state (1) YEARS OF INJUST: and (2) whether ACCIDENTAL. SUICIDAL OF HOMICIDAL 12 MAIDEN NAME of informatio OF MOTHER bl O AC OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, Very Ш 13 BIRTHPLACE At misco In the CAUS OF MOTHER NRITE of death State. (State or country) угз. should state CAI Where was discoss contracted, 14 THE ABOVE IS TRUE If not at piace of death? Formar ar uenal rasidence BURIAL OR OF BURIAL Address 15 20 ADDRESS UNDERTAKER m If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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NOV 3 1915 BURTAUVED

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train—accident, Revolver wound of to determine definitely. Examples: Accidental drowning; eurcidal, or monicidal, or as probably such, if impossible state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths "PUERPERAL peritonilis," etc. State cause for which birth or miscarriage as "PUERPERAL septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uradmia," "Weakness," "Heart failure," "H emorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," lapse," "Coma," "Convulsions," "Debility" ("Con-"Ansemia" (merely symptomatic), "Atrophy," "Colsymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (discase causing death), 29 ds.; Bon-L tant) affection need not be stated unless important nephritis, etc. The contributory (secondary or interchicough; Chronic valvular heart disease; Chronic interstitlat "Tumor" for malignant neoplasma); Mensles; Whooping name origin; "Cancer" is less definite; avoid use of ges, pertionaeum, etc., Carcinoma, Sarcoma, etc., of.

If he certificate is looked over thoroughly and all queetions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

write None. 6 yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Former (relired state occupation at beginning of illness. If retired from or given up on aecount of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Screanl, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, If ousework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers -Coal mine, etc. Women at home, who are engaged in precise specification as Day laborer, Form laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Poreman, (b) Awoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Slationary freman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-

Statement of Cause of Death—Name, first, the Diseases chusing practice of Death—Name, first, the Disease to time and causation), using always the same accepted fewer (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia"); notational preumonia ("Pneumonia"); Typhoid pneumonia"); Typhoid preumonia ("Pneumonia"); Diphtheria ("Pneumonia"); Di

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very

stated EXACTLY.

may be properly classified.

B.—Every item of information should be carefully sur CAUSE OF DEATH in plain terms, so that it mis important. See instructions on back of certificate.

AGE

RECORD

WRITE PLAINLY, WITH UNFADING INK-THÌS IS A PERMANENT

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1 PLACE OF DEATI	1	PLA	CE	OF	DE	ATI	H
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17416

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.-

••	S	t.:	 W	ar	ď	١
••	3	τ.,	 W	ar	ø	

[It death occurred in a hospital or institution

	FULL NAME Salena May nies	lols give its NAME instead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
38	uale Black (Wite the word)	16 DATE OF DEATH OCA 2 ,1915 (Month) (Day (Year)
6 D	ATE OF BIRTH Did not report	that I last saw hsliys on
	GE CLOUT (Year) It LESS than 1 day,hrs. OR	and that death occurred on the date stated above, at
pa (b) bu: wh	i) Trade, protession, or Articular kind of work	(Duration) yrs mos ds.
Ĭ	10 NAME OF FATHER Paymond Michols 11 BIRTHPLACE OF FATHER	(Signed) John Dudyaguay , M. D. OCH , 1915 (Address) Prestare
PARENTS	(State of country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	16 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted, It not at place of death?
	(Informant) Agymunud (Address) Federalshung	Former or usual residence
16 FI	ed OCt 2 1915 John Dustadway	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health

the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the dispasse causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. natural heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ample: oma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of Never report



Z.B.

1 PLACE OF DEATH S County Cearoline 17417	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Deutau (No	Registration Dist. No. St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fundle White Single, Widowed OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 HEREBY CERTIFY. That I attended deceased from
TAGE Cef (Month) (Day) (Year) (Year) Tage If LESS than 1 day, hrs. OR min.?	that I last saw halive on
Coccupation (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Duration) yrs. mos. ds. Contributory Secentary: 0 4 8 14 9 14 9 14 9 14 9 14 9 14 9 14 9
10 NAME OF FATHER PLACE OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 BIRTHPLACE OF MOTHER (State or country)	(Signed ALLES
(Address) (Address) (Address) (Address) (Address)	Where was disease contracted, If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL ACCURATE Contract 20 UNDERSAKER ADDRESS ADDRESS
REGISTRAR If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. If retired from or given up on account of the disease caesing death, who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day loborer, Form luborer, Laborer write None business, that fact may be indicated thus: Former (relired engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At hone. Care should be wife, Housework, or At Home, and children, not gainfully of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton Housemaid, etc. "Forman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Former or Plonter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the cian, Compositor, Statement of Occupation-Precise statement of occupa-Coal mine, etc. very important, so that the relative healthfulvarious pursuits can be known. The question For persons who have no occupation whatever, If the occupation has been changed Women at home, who are engaged in Architect, Locomolive engineer, (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrespinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia of lungs, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

mus," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by corbolic acid-Struck by roilway train-occident; Revolver wound of SUICIDAL, OF HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. State cause for which "Anaemia" (merely symptomatic), "Atrophy," "Collapse," - "Coma," "Convulsions," "Debility" ("Conto determine definitely. Examples: Accidental drowning. birth or miscarriage as "Puenperal septichaemia," etc., when a definite disease can be ascertained as the "Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," chopneumonio Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephrilis, etc. cough; Chronie valvular heart discose; Chronic interstitial "Tumor" for malignant neoplasms); Mcosles; (name origin; "Cancer" is less definite; avoid use of ges, perilonocum, etc., Carcinomo, Sarcomo, etc., of.... "Old Age," "Shock," "Uracmia," "Weakness," Always qualify all diseases resulting from child-(secondary), 10 ds. The contributory (secondary or intercur-"Dropsy," Never report mere "Exhaustion," Whooping -probably



	1 PLACE OF DEATH	STATE OF MARYLAND
Cour	17418/	CERTIFICATE OF DEATH
		Registration Dist. No. 63
Villa	ge or City (No. (No.	St.; Ward) [If death occurred in a hospital or institution,
	2 FULL NAME Harold Son	give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Mule 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH COMMONTH (Day) (Year)
6 DA	TE OF BIRTH March 18 1908	17 LI HEREBY CERTIFY, That Lattended deceased from Cliph 20, 1915, to 80, 1915,
_	(Month) (Day) (Year)	that I last saw have alive on ON 8, 1915,
7 AG	If LESS than 1 day, hrs.	and that death occurred on the date stated above, at / C.C.m.
	7 yrs. 6 mos. 17 ds. OR min.?	The CAUSE OF DEATH * was as follows:
8 0	CCUPATION 1) Trade, profession, or	Wilsom Consumos
pa	rticular kind of work	
) (b	Oceneral nature of lodustry siness, or establishment in	
Wh	ich employed (or employer)	(Ouretjan) yrs mos / ds.
9 B	(State or country) Maryland	Contributory Secondary
	10 NAME OF Harry & Pries	(Signed) Gellen Ms.D., M.D.
5	11 BIRTHPLACE OF FATHER	, 191 (Address) Treslon m
ENT	(State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
PAR	12 MAIDEN NAME Sclew Wallace	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country) May land	At piece in the effective data the state, where we disease contracted,
14 TI	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
	(Informani) S. B. Saice	Former or ususi residence
	(Address) Chopstank Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Fil		20 UNDERTAKER ADDRESS
	If more blanks/are needed, address State Registrar, 1	16 W Spectrum St. Patto Paguaging V S No. 1
	ii more diames are needed, address State Registrar, 1	to w. Darawaga St., Darw., requesting v. S. 140. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Former (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers business or industry, and therefore an additional line is provided for the latter statement; it should be used precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return mobile factory. mill; *(a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (o) Spinner, (b) Cotton know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, telanus) may be stated Struck under the head of "Contributory" (Recommendations SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; head-homicide; Poisoned by corbolic acid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichuemia," "Puerperal peritonitis," etc. State cause for which genital," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Anacmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, Example: Measles (disease causing death), 29 ds.; Bron-chopneumonia (secondary), 10 ds. Never report mere rent) affection need not be stated unless important nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcomo, etc., of. by railway train-accident; Revolver The nature of the injury, as fracture of skull, "Senile," etc.), The contributory (secondary or intercur-"Dropsy," "Exhaustion," mound



BINDING

RESERVED

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Cour	PLACE OF DEATH Caroline 17119	STATE OF MARYLAND CERTIFICATE OF DEATH
Cour	10 wood (6)	Registration Dist. No66
Villa	2 FULL NAME adolph Ran	St.; Ward) [If death occ a hospital or in give its NAME of street and n
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	mail 4 COLOR OR BACE 5.SINGLE, MARRIEO, Singel WIOOWED. OR OIVORCEO (Write the word)	16 OATE OF OEATH Och (Month) (Day)
6 OA		HEREBY CERTIFY, That I attended decease
7 AG		and that death occurred on the date stated above, at 7
	yrs. mos. ds. or min.?	The CAUSE OF DEATH " was as follows:
bu:	rticular kind of work) General nature of Industry siness, or establishment in lich employed (or employer) IRTHPLACE (State or country) Maryland	Contributory Congruital weak
	- 0	(Detailon), yrs, mos.
S	10 NAME OF Chas a Rassifnefer	(Signed) & E. F. Smith
RENTS	11 BIRTHPLACE OF FATHER (State or country) Hew Sorth	(Signed) & E. F. Smith Oct. 10, 1815? (Address) Ridgely In
PARENT	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 Auryland	(Signed) & E & Survey Oct. 10. 18105? (Address) Ringsly In *State the Disease Causing Drath, or, in deaths from Vic Causes, state (1) Means of Injury; and (2) whether Accide Suicidal or Homicidal. 13 Length of Residence (for Hospitals, Institutions, Tra or Recent Residents) At place in the
PARENT	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER	(Signed) & E & STRUCTON Ocf. 10. 1810.7 (Address) Pringely Mr. *State the DISEASE CAUSING DRAPE, or, in deaths from Vic CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDE SUICIDAL OF HOMICIDAL. 13 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRA OR RECENT RESIDENTS) At place of death yrs. mos. ts. State, yrs. mos
PARENT	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE	(Signed) & E. S. STATELLE, Oct. 10, 18107: (Address) Ridgely Proceedings of State the Disease Causing Drath, or, in deaths from Vic Causes, state (1) Means of Injury; and (2) whether Accide Suicidal or Homicidal. 13 Length of Residence (For Hospitals, Institutions, Trador Recent Residents) At place in the of death yrs. mos. ds. State, yrs. mos Where was disease contracted, if not at place of death? Former or



[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question know (a) the kind of work and also (b) the nature of the tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, The material worked on may form part At home. Care should be Locomotive engineer, If retired from ('init

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated on Nomenelature of the American Medical Association.) Struct by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably to determine definitely. Examples: Accidental drawning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. State eause for which mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), birth or miscarriage as eause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatie), "Atrophy," lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopheumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Caneer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Always qualify all diseases resulting from elikl-The nature of the injury, as fracture of skull, The contributory (secondary or intercur-"PUERPERAL septicharma," "Dropsy," "Exhaustion," ("Con-



	PLACE OF DEATH	STATE OF MARYLAND
Cou	unty Carptine 17420	CERTIFICATE OF DEATH
	Grow Le	Registration Dist. No.
-Vill	age or City Tederalstring, (No.	St; Ward) [If death occurred in a hospital or institution,
	2 FULL NAME Sida Riela	give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 s	EX 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIGOWEO OR OIVORCEO (Write the word)	16 DATE OF DEATH (Month) (Day) , 1915
6 D	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	(Month) (Day) (Year)	that I last saw h (1) alive on Oct / 1915
7 A	GE If LESS than	and that death occurred on the date stated above, at 2 0. m.
	yrs, mos, os, ds, or, min.?	The CAUSE OF DEATH * was as follows:
8	Trade, profession, or	Manager and a second
1	articular kind of work	alstron
H	b) General nature of industry usiness, or establishment to which employed (or employer)	(Ourstion) yrs. mos 2 / ds.
9 6	State or country)	Secondary
	10 NAME OF William & Richarts	(Signed) (Si
STS	11 BIRTHPLACE OF FATHER	CU12, 181 (Address) Italian suggested
PARENTS	(State or country) 12 MAIOEN NAME OF MOTHER	*State the Disease Causing Drath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal of Homicidal.
PA		18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country)	At place in the ef death yrs. mes. de, State, yrs. mes. ds,
14 7	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE	Where was disease contrasted, If not at place of death?
	(Informant) Melian 3. Kicketts	Former or usual residence
15	(Address Flederals Pura lud, #4)	Bethe I-Vid- conserve Cot M. 191
	Hed Oct /2, 1915-BADefferson REGISTRAR	20 UNDERTAKER ADOREBS
	If more blanks are needed, address State Registrar, 1	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as 'Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question "Foreman," "Manager," "Lealer," etc., without more know (a) the kind of work and also (b) the nature of the Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-Compositor, Architect, For persons who have no occupation whatever, Locomotive engineer, (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

state means of injury and qualify as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: "Heart failure," "Haemorrhage," "Inanition," "Marss-mus," "Old Age," "Shoek," "Uracmia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conon Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, telanus) may be stated head-homicide; Poisoned by curbolic acid-probably surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstilial "Tumor" for malignant neoplasms); Measles; Whooping or miscarriage as "PUERPERAL septichaemia," by railway The nature of the injury, as fracture of skull, The contributory (secondary or intercurtrain-accident; Revolver wound of State cause for which Never report mere "Exhaustion,"



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

1 PLACE OF DEATH Vil

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. 61.

St.;	Ward)	[if death occurred i a hospital or lostitution giva its NAME lostea ot street and number.]

ge or City 480	natores (No.		St.;
	0	0 -	
FULL NAME	Edwart.	Hall	efelt

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male White Single, Married, Widowed, Ordivered (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I sttended deceased from
TAGE Wonth) (Month) (Day (Year) TAGE If LESS than 1 day,hrs. ORmin.?	that I last saw here slive on Only 5 1915. that I last saw here slive on Only 5 1915. and that death occurred on the date stated above, at 2 A m. The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which amployed (or amployer) 9 BIRTHPLACE (State or country) 12 D.	Gontributory Crehae Brancis Secondary
10 NAME OF FATHER LES. July 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place 10 the ot death yrs. mos. ds. State yrs, mos. ds Where was disease contracted, 11 not at place of death?
(Address) Rosely R.7.D	Former or usual residence
A ocal REGISTRAR	trar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.



[Approved by U. S. Consus and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or Industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, Irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, cases, especially in Industrial employments, it is nec-For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucisis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, scosis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. Bronchopncumonia (secondary), 10 ds. ample: ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report For vio-



1 PLAGE OF DEATH

County Caroline	CERTIFICATE OF DEATH
County County	Registration Dist. No.
Valley Great Fred No.	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
² FULL NAME	y www
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sauale Color OR RACE 5 SINGLE, MARANNE WILDOWS OR DAY AREA OF THE WORLD	16 DATE OF DEATH Oct 16 (Month) (Day) (Year)
6 DATE OF BIRTH	150 HERDBY CERTIFY, That I attended deceased from 1912.
(Month) (Day) (Year)	that I last saw her alive on Och /2 1915.
7 AGE OF CL . If LESS than	and that death occurred on the date stated above, at /2m.
Chouse yrs mes ds OR min.?	The CAUSE OF DEATH * was as follows
e occupation (a) Trade, profession, or	crumpaya.
particular kied of work () (b) General nature of lodustry	
business, or establishment in which employed (or employer)	(Burallon) yre. mos de,
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF	(Buration) yro. mos. do.
FATHERURINE	(Signed) , M. C.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER UM 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 11 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
M 12 MAIDEN NAME OF MOTHER	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
13 airthplace	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country)	At place to the af deathyrsmeede. State,yremesde.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disnase contracted, If not at place of death?
(toformant) Opinies Scott	Former or usual residence
(Address) Soffelsber	19 PLACE OF BURIAL OR REMOVAL DATE OF BUBIAL
Filed 16/16, 1919 Allegary	20 undergraken abbress
Vif mare blanks are needed address State Registrar 1	6 W Seretage St. Belta. Requesting V.S. No. 1

STATE OF MADVIAND

4 H 100



[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Doy laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," mobile factory. mill; (a) Salesman, (b) ("roccry; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. ciun, Compositor, Architect, first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age nees of various pursuits can be known. The question "Foreman," "Manager," "Dealer," etc., For many occupations a single word or term on the Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed Locomotive engineer, But in many cases, without more (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Pronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

mus," SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic ocid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or misearriage as "PUERPERAL septichuemia," etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," lapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitiol ges; perilonaeum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL perilonitis," etc. cause. "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Anaemia" "Tumor" for malignant neoplasins); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of "Old Age," "Shock," "Uraemia," "Weakness," by Always qualify all diseases resulting from childrailway (merely symptomatic), The contributory (secondary or intercurtrain-accident; Revolver wound State cause for which Never report mere "Atrophy,"



AGE INK supplied. ADING should of information

SICIANS should OCCUPATION IS

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DEATH

Item E OF

EVERY

8

instructions

important.

certifical that

PHYSICIANS

RECORD

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist, No. If death occurred in St.;....Ward) a hospital or Institution. give its NAME lostead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICUL 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Day) Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at 1 day 3.hrs. OR mio. ? 8 ACCUPATION (a) Frade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or empleyer) -----Contributory. State or country) (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country of death yrs. mos. ds. State yrs. ____ ds. Where was disease contracted. If not at place of death?... Former or usual residence. OF BURIAL 15 20 UN DERTAKER ADDRESS

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indl-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in Industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not mine, etc. "Manager," "Dealer," etc., without more precise speciwho receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

thenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ter" is less definite; avoid use of "Tumor" for malig ture of the American Medical Association.) sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Purrerral schiichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," genltal," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronk oma. Sarcoma. etc., of ... cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train—acci-LENT DEATHS State MEANS OF INJURY and qualify as -Heart fallure," "Haemorrhage," "Inanition," "Maras Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can death), 29 ds.; State cause for or as probably Never report Examples For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOV. 4 1915
BUREAU, V.S.

state

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate. RECORD PERMANENT UNFADING INK-THIS WITH PLAINLY, WRITE

7424

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist,	No. 64

ADDRESS

und.

PLACE OF DEATH

Filed Oct 29 1915 13

St.:-Ward)

If death occurred in hospital or lostitution,

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE WINDOWS D. WOONED. ORDIVORCED (Write the word) 6 DATE OF BIRTH COUNTY COUNTY CONTROL OF CONTROL OF COUNTY	(Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from 29, 1912; to 29, 1912; to 29, 1912; that I last saw has alive on 29, 1912; and that death occurred on the date stated above, at 29 m. The CAUSE OF DEATH* was as follows: (Duration) yrs mos 4s. (Signed) (Signed) , M. D. *State the Disease Causing Death or in deaths from Vicinia.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER Clarke Smith 11 BIRTHPLACE OF FATHER (State or country) 12 Maiden Name 12 Maiden Name OF MOTHER	
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INATITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos. ds. State yrs, mos. ds Where was disease contracted, if not at place of death? Former or usual residence.

REGISTRAR

20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., B. to., Requesting V. S. No. 1.

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[Approved by U. S. Consus and American Public Health Association.]

of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," The

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: mia," "Puerperal perilonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaecause. ctc, when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," Never report



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first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line only when needed. As examples: (a) Spinner, (b) Cotton The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers tion is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the engineer, Stotionary freman, etc. But in many cases, is provided for the latter statement; it should be used mill; (a) Solesman, (b) Croccry; (a) Foreman, (b) Autoprecise specification as Day loborer, Furm laborer, Laborer who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons Housemaid, etc. If the occupation has been changed For persons who have no occupation whatever, Statement of Occupation-Precise statement of occupaengaged in domestic service for wages, as Servont, Cook, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired mobile factory. write None. Statement of Gause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronelopneumonia ("Pneumonia"); unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, perilonacum, etc., Carcinoma, Sorcoma, etc., of........ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronie valvular heart discase; Chronic interstitiol The contributory (secondary or intercurehopneumonia (secondary), 10 ds. Never report mere ("Conetc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from child-birth or miscarriage as "Puerperal septichnemia," as "PUERPERAL septichaemia," "PUERPERAL perilonitis," etc. State cause for which surgical operation was undertaken. For violent Dearns state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably such, if impossible to determine definitely. Examples: Accidental drowning; and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee rent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronsymptoms or terminal conditions, such as "Asthenia," "Exhaustion," "Heart failure," "H.emorrhage." "Inanition," "Marasmus," "Old Age," "Shock," "Uracınia," "Weakness." acid-probably on Nomenclature of the American Medical Association.) suicide. The nature of the injury, as fracture of skull, Struck by railway troin-accident: Revolver wound "Atrophy," "Anaemia" (morely symptomatic), "Atrophy,' lapse," "Coma," "Convulsions," "Debility" genital," "Senile," etc.), "Dropsy," head-homicide; Poisoned by carbolic nephrilis, etc.

50 STATE OF MARYLAND Statement of CERTIFICATE OF DEATH Registration Dist. No. 66 0 If death occurred in (No. Ward) a hospital or institution. give its NAME instead XACTL of street and number. T RECORD classified. PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE SINGLE. 16 DATE OF DEATH stated MARRIED, OR DIVORCED (Month) (Day) properly certificate EBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH pinods pe (Day) 7 AGE If LESS than may and that death occurred on the date stated above, at 200 m. 1 day, - hrs. O The CAUSE OF DEATH * was as follows: OR : min. ? OCCUPATION 20 (a) Trade, profession, or particular kind of work business, or establishment in which employed (or employer 9 BIRTHPLACE Contributory (State or country 20 10 NAME OF 2 FATHER (Signed) 11 BIRTHPLACE OF FATHER (State or country) REN *State the DISEASE CAUSING DEATH, or, on deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, 12 MAIDEN NAME SUICIDAL OF HOMICIDAL. OF MOTHER 0 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, Ew OR RECENT RESIDENTS 13 BIRTHPLACE S OF MOTHER (State or country) At place In the 0 of death State,yrs.mos.yrs,mos. Where was disease contracted. should state CA 14 THE ABOVE if not at place of death? Former or usuel residence Every PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 .. 1914 20 UNDERTAKER ADDRESS 8 REGISTRAR If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers Housemaid, etc. taken to report specifically the occupations of persons precise specification as Day laborer, Farm laborer, Laborer of the second statement. is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, "Foreman," "Manager." "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoespecially in industrial employments, it is necessary to business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-For persons who have no occupation whatever, If the occupation has been changed Never return "Laborer,"

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